



Illinois Association of School Nurses' Foundation

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Linda Kimel– President

Susan Kruckman –Member-at-large

L. Lynn Rochkes – Vice-President

Michelle Maurer – Member-at-large

June Oney – Sec./Treasurer

IASN FOUNDATION LOIS FRELS RESEARCH AWARD

The Lois Frels Research Award was established in 1991 and is presented to members of IASN in recognition of outstanding research which impacts school nursing and/or the health of children/youth. Dr. Lois Frels is former certified school nurse who has encouraged school nurses to do nursing research and remains a true friend to the school nursing profession. The amount of the award will be \$500.00.

The research must have been completed within 24 months of the application deadline.

The applicant(s) must be an active status member of IASN.

Expectations of Award Winner

Prepare and present the project as a poster presentation (not eligible for poster award), a verbal presentation at the next IASN Conference, or submitting an article suitable for publication in the IASN Newsletter. The award recipient will be encouraged to submit an article for publication in a school nursing related journal.

The award recipient will be encouraged to publish the research project. The winner(s) will be encouraged to enter the project for the NASN Lillian Wald Research Award, but the completion time for NASN is 12 months. An individual may enter the NASN Research Award independently of IASN.

Past award winner(s) may submit new research projects every five (5) years.

To Apply:

- Complete the application form (attached)
- Submit a Resume
- Submit a report of completed research, which includes: (not to exceed 6 pages)
 - A. Title of study or project
 - B. Purpose of study or project including the research question or hypotheses.
 - C. Description of the methodology used and the results of data collected.
 - D. Contribution the project will make to the field of school nursing and/or health of children/youth
- Use 1 inch margins, double spacing, minimum of 12 point font when writing about the project.
- E-mail the application form as an attachment and written pages explaining the project to:
Robin Shannon, Innovation and Inquiry Chair, at rshann6859@gmail.com
- **DEADLINE: Midnight September 1**

LOIS FRELS RESEARCH AWARD APPLICATION FORM

Name: _____ Credentials: _____

Address: _____

Phone: Home _____ Work _____

Personal E-mail: _____

Job Title/position: _____

Employer: _____

Employer Address: _____

IASN/NASN #: _____

Highest Degree Held: _____ University/College: _____

For Students:

University attending: _____

Degree program: _____

Anticipated graduation date: _____

Faculty Advisor: _____

Title of Research: _____

Date of Completion: _____

Co-Researcher (if any): _____

Co-Researcher Address: _____

Co-Researcher Phone: Home _____ work _____

Co-Researcher e-mail: _____

Signature of Applicant

Date

Signature of Co-Applicant

Date